



VFC PIN #

## Quarterly Doses Administered Report for Birth Dose Hepatitis B use

Name of Hospital:		Phone with Area Code:	
Name of Person Submitting Form:		Quarter /Year:	
I certify under penalty of law that the below information is true.		Signature:	Date:

### Total Number of **Newborns** Receiving **Birth Dose Hepatitis B** Vaccine

Age	Medicaid	Private Insurance	Uninsured	Total
<1				

### Instructions for Completing Quarterly Doses Administered Report

Complete and submit this form to the Immunization Program within 15 days following the end of each quarter.

**1<sup>st</sup> quarter:** January, February, March  
**2<sup>nd</sup> quarter:** April, May, June  
**3<sup>rd</sup> quarter:** July, August, September  
**4<sup>th</sup> quarter:** October, November, December

Due **April 15<sup>th</sup>**  
 Due **July 15<sup>th</sup>**  
 Due **October 15<sup>th</sup>**  
 Due **January 15<sup>th</sup>**

1. Enter VFC Pin #.
2. Print the name of hospital, phone number, quarter and year of this report and name of the person completing this form.
3. Read the attestation statement, sign and date.
4. On the Total Number Receiving Vaccines table, enter the number of newborns who received a birth-dose hepatitis B vaccine in the appropriate eligibility column. **Total** the row.

Mail or fax the Quarterly Doses Administered Report to:

Utah Department of Health  
 Immunization Program  
 PO Box 142001  
 Salt Lake City, UT 84114-2001  
 (801) 538-9450  
**FAX: (801) 538-9440**